

# 2001 UNIFORM BUSINESS REPORT (UBR)

8/7/

**FILED**  
**Aug 22, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90005 038 \*\*\*\*61.25

**DOCUMENT # N96000001003**

1. Entity Name

**GOOD SHEPHERD CORPORATION OF ORLANDO, INC.**

Principal Place of Business

597-9 BABLONICA DR.  
 ORLANDO FL 32807

Mailing Address

597-9 BABLONICA DR.  
 ORLANDO FL 32807

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3379851**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**WEBBER, DALE S ESQ.**  
**401 E JACKSON ST**  
**STE 2500**  
**TAMPA FL 33602**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LAWLOR, MARY BRIGID</b> <b>504 HEXTON HILL RD</b> <b>SILVER SPRG MD</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BAXTER, MARY ROSARIA</b> <b>4100 MAPLE AVE</b> <b>BALTIMORE MD</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MASSEI, MARY CATHERINE</b> <b>4100 MAPLE AVE</b> <b>BALTIMORE MD</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLANCY, MARY LORETTA</b> <b>5356 CHEW AVE</b> <b>PHILADELPHIA PA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAHL, MARILYN</b> <b>3244 WANDA WOODS DR</b> <b>DORAVILLE GA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Sister Barbara Beasley "D"</b> <b>7654 Natural Bridge Road</b> <b>St. Louis, MO 63121</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Sister Mary Carolyn McQuaid "D"</b> <b>7654 Natural Bridge Road</b> <b>St. Louis, MO 63121</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Sister Janice Pushman</b> <b>7654 Natural Bridge Road</b> <b>St. Louis, MO 63121</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer "D"</b> <b>Sister Catherine Massei</b> <b>7654 Natural Bridge Road</b> <b>St. Louis, MO 63121</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Sister Virginia Gordan "D"</b> <b>7654 Natural Bridge Road</b> <b>St. Louis, MO 63121</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-01

Date

314-381-3400

Daytime Phone #

CR2E037 (5/01)